Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

								T		
Establishment Name HOLIDAY INN						Est	Telephone Number 812-944-4600	Date of Inspection	ID#	
Address 506 WEST SPRING STREET, NEW ALBANY IN 47150							n (678) 788-4343	05/03/2021		
Owner HEMANT THAKER							Purpose X Routine	Follow Up	Released 05/13/2021	
Owner's Address 5400 LAUREL SPRING PKWY #202 SUWANEE, GA 30024							Follow-up Complaint			
Person in Charge DAWN SMITH							Pre-Operational			
Responsible Person's Email BRANDY@NOBLEMGMT.COM							TemporaryHACCP	Menu Type 1 2 <u>X</u> 3	4 _ 5 _	
Certified Food Handler							Other (list)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"										
Section #	ection # C NC R Narrative To Be Corrected									
187	Х									
298	8 X Observed food splatters on the inside of									
426 X Observed shoes stored in cupboard in kitchen alongside coffee 430 X Observed broken and missing pieces of countertop by sink in k							_	rp. TODAY 5/31/21		
Summary of Violations C 1 NC 3 R 0										
Received by (name and title printed):							Inspected by (name and title printed): Christa Manus EHS			
Received by (signature):						I	Inspected by (signature):			
cc:					cc:			cc:		